

NAPHCARE
HEALTH SERVICES REQUEST FORM

NOV 15 2002

Print Name: ARMSTRONG, J. KNIGHT Date of Request: 11/15/02

ID#: 233685 Date of Birth: 5/27/82 Housing Location: B-D-124

Nature of problem or request: I HAVE BEEN HAVING REALLY BAD HEADACHES
BAD NECK PAINS & NEED MEDICAL HELP PLEASE

ARMSTRONG, J. KNIGHT

Sign here for consent to be treated by health staff for the condition described

PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA
DO NOT WRITE BELOW THIS AREA

HEALTHCARE DOCUMENTATION

Subjective:

Objective: SP _____ P _____ R _____ T _____

Assessments: Saw MD 11-19-02.

Plan:

Refer to: ☐ PA/Physician ☐ Mental Health ☐ Dental

0016

Signature: SNB/fan Title: LTA Date: _____ Time: _____

Jerry Strickland

NAPHCARE
HEALTH SERVICES REQUEST FORMPrint Name: ARMSTRONG Knight Date of Request: 12-27-02ID#: 233685 Date of Birth: 5-27-8 Housing Location: B-E

Nature of problem or request: Jerry This is A.J. I've been having
problems contacting my brother again
I'm wondering also about my sister and I need
you to write a statement for me - I'll explain
when you call me please only call when
you have a good amount of time to talk

Sign here for consent to be treated by health staff for the condition described

Armstrong KnightPLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA
DO NOT WRITE BELOW THIS AREA

HEALTH CARE DOCUMENTATION

Subjective:

Objective: BP _____ P _____ R _____ T _____

Assessment: detained & verbalized at length, concerning his
family, and his legal situation. wants supervised visit with sister
 Plan: S.W. asked Capt. Taylor about visit. He stated
immediate court visit family members, while in jail.

DEC 31 2002

Refer to: PA/Physician Mental Health Dental

Signature: J. Strickland Title: LMSW Date: 1-28-03 Time: _____

NAPHCARE
HEALTH SERVICES REQUEST FORM

Print Name: Armstrong & Knight Date of Request: _____
 ID#: 233685 Date of Birth: 5/27/82 Housing Location: b-e-floor
 Nature of problem or request: I am having continuing headaches
and my hands are aching with great pains.

Armstrong & Knight
 Sign here for consent to be treated by health staff for the condition described

PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA
 DO NOT WRITE BELOW THIS AREA

HEALTH CARE DOCUMENTATION

Subjective:

Objective: BP _____ P _____ R _____ T _____

Assessment:

Plan:

1-21-03. Kyte answered placed on no sick call - CS

Refer to: ☐ PA/Physician ☐ Mental Health ☐ Dental

Signature: _____ Title: _____ Date: _____ Time: _____

Harrison County Adult Detention Center

Inmate Request Form

Date of Request: _____

Docket #: _____ Date Incarcerated: _____

Inmate Name: ARMSTRONG J KAYNES

Social Security Number: _____

Charge: _____

Block B Section DDOB: 5/27/82

Case Number: _____

Cause Number: _____

(Check One Only)

1. Booking Records _____
2. GED-Life Skills _____
3. Inmate Accounts / Indigent _____
4. Property / Grievances _____
5. Majors / Captains _____
6. Counseling _____
7. Chaplain _____
8. Other _____

Religious _____

Psychiatric _____

Explain Need Below:

SARY RESE I HAVE WRITTEN MORE THAN 1
REQUEST FORM ABOUT THIS NOW I AM FUCKING
MAO IF I CANT RECIVE MY SHIT I WILL
FORCE YOU PERSONNEL TO COME CLEAN HERE AND
BEAT ME I AM FUCKING SERIOUS THIS SHIT IS
UN SANITARY & IT AINT IN NO FUCKING PILE BOOK
I WANT MY SHIT ~~THE~~ I HAVE BEEN CLEAN HERE
WITH NO UNDERWEARE & SOX WITH THE SAME PAIR
OF PANTS & SAME SHIRT FOR OVER 2 WEEKS I
AM TAKING THIS SHIT NO MORE WRY TIME I GET OUT OF
THE SHOWER I PUT ON THE SAME SHIT OIK I SEE THIS IS FAIR
Staff Response: TO YOU OR SOMETHING WE'LL SEE

(Inmate: Do not write below this line)

Date Received:

Date Received:

Date Received:

By: _____

By: _____

By: _____

0019

County Adult Detention Center
George Payne, Jr., Sheriff

Inmate Request Form

Date of Request: 8/10/02

Docket #: _____ Date Incarcerated: _____

Block B3 Section D 125Inmate Name: ARMSTRONG J KnightDOB: 5/27/82

Social Security Number: _____

Case Number: _____

Charge: _____

Cause Number: _____

(Check One Only)

1. Booking Records _____
2. GED-Life Skills _____
3. Inmate Accounts / Indigent _____
4. Property / Grievances _____
5. Majors / Captains _____
6. Counseling _____
7. Chaplain _____
8. Other ☒ _____

Religious _____ Psychiatric _____

Explain Need Below: SKY RESE

SARGENT RESE THIS IS MY 7TH DAY WITHOUT PERSONAL PROPERTY I HAVE ASKED SEVERAL TIMES TO EACH OFFICER OF ALL THE DIFFERENT SHIFTS AND THEY TO CONTACT YOU AND OR TO GET MY PROPERTY. THEY HAVE SHUT ME OFF TO CURE AND TELL ME BRUSHED ME OFF COMPLETELY IF FEW OF THE OFFICER'S TELL ME TO CONTACT YOU IT IS IMPORTANT NOW I NEED MY BELONGINGS. I HAVE NO CLOTHES PERIOD & I NEED ADDRESSES ECT. WILL YOU PLEASE MAKE IT ABLE FOR ME TO RECEIVE MY THINGS

7 DAY'S IS AWILE THANK'S AGAIN ARMSTRONG Knight

Staff Response:

(Inmate: Do not write below this line)

Date Received:	Date Received:	Date Received:
By:	By:	By:

Inmate Request Form

Date of Request: 6/9/02

Docket #: _____ Date Incarcerated: _____

Block B Section DInmate Name: ARMSTRONG S. KNIGHTDOB: 3/27/82

Social Security Number: _____

Case Number: _____

Charge: _____

Cause Number: _____

(Check One Only)

1. Booking Records _____
2. GED-Life Skills _____
3. Inmate Accounts / Indigent _____
4. Property / Grievances _____
5. Majors / Captains _____
6. Counseling _____ Religious _____ Psychiatric _____
7. Chaplain _____
8. Other ☒ _____

Explain Need Below:

SRY Reese

SARGENT REESE I HAVE ASKED EVERY OFFICER THAT HAS COME THRU THIS FLOOR TO CONTACT YOU SO THAT I COULD POSSIBLY GET MY PERSONAL PROPERTY BACK IT HAS BEN 4 TO 5 DAYS 6TH DAY BY THE TIME YOU GET THIS I HAVE NO SOX'S BOXERS THEY ARE IN MY BOX I WOULD APPRICIATE THIS GREATLY - ALL OFFICERS CLAIM I HAVE TO ASK YOU FOR MY REQUEST CUNT MEAN TO PUT BORDER ON YOU THANK YOU GREATLY ARMSTRONG - B - D - 125

ACCIDENT
SORRY
↓

Staff Response:

ALL ITEMS ALLOWED WERE ISSUED

(Inmate: Do not write below this line)

Date Received: 07-04-02

Date Received:

Date Received:

By: 2284

By:

By: